## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name MEDIA RARE, INCOM



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20 1998 8:00am Secretary of State

1. Corporation	RARE, INCORPORATED	,				
Principal Place of Business		Mailing Address				
3344 HIGEL AVENUE SARASOTA FL 34242 US		3344 HIGEL AVENUE Sarasota fl 34242 US		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			02/05/1990 4. FEI Number	Applied For
21 26			amily Addioss		65-0182413	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip Country Zip		Country		8. This corporation owes or has paid the current year Intangible	
24			30			
	9, Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registered	Agent
	MISON, DAVID			Hailio		
3344 HIGEL AVENUE SARASOTA FL 34242			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
			63			
						· · · · · · · · · · · · · · · · · · ·
			84	City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and tille it applicable (NC	TE Registered Age		red when reinstaling)  DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P DELETE		1.1 TITLE	ļ		Change Addition
NAME	Chinocily Divisor		1.2 NAME			
STREET ADORESS			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	T DELETE		2.1 TITLE	1+ZIP		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-5	ì		•
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	T ADDRESS		3.3 STREET	ADDRESS		
CITY-S1-ZIP			3.4. CITY - S	ST-ZIP		
TITLE	_		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	ADDRESS		
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP TITLE	DELETE		4.4 CITY-S 5.1 TITLE	1-20		Change Addition
NAME	Į ——		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELÉTÉ					
1		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME			Change Addition
NAME STREET ADDRESS		☐ DELETE		ADDRESS		Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Q

E Ador 1

NANKY E. DELONG

4.13.98

(941)349-7686